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ABSTRACT

The Minnesota Chemical Dependency Program for Hearing Impaired Youth, a joint venture of St. Mary's and Fairview Riverside Hospitals, is part of Riverside Medical Center and housed at Saint Mary's Hospital in Minneapolis. It is an 18-bed inpatient program serving hearing-impaired individuals aged 16 years and up. All staff (including such personnel as a psychiatrist, psychologist, and chaplain) are fluent in American Sign Language and respectful of deaf culture. The program also has a certified teacher of the hearing impaired, a communication specialist, and several recovering deaf role models. This paper describes the program's objectives and processes for evaluating clients, treatment objectives and processes, types of therapy, and aftercare procedures. (JDD)

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MINNESOTA CHEMICAL DEPENDENCY PROGRAM FOR THE HEARING IMPAIRED

The Minnesota Chemical Dependency Program for Hearing Impaired Youth is part of Riverside Medical Center is a joint venture of St. Mary's and Fairview Riverside Hospitals. Fairview Deaconess has been providing inpatient chemical dependency treatment to adolescents for the past 15 years. We are an acute care facility and licensed for 110 beds. The Minnesota Chemical Dependency Program for the Hearing Impaired is housed at St. Mary's Hospital in Minneapolis, serving hearing impaired individuals 16 years of age and up. It is licensed for 18 beds. The average length of stay for our inpatient program is approximately 40 days. Some of our program components are highlighted below:

Our program is specifically designed and staffed to meet the needs of deaf and hearing impaired individuals. Often a deaf or hearing impaired person is admitted to a treatment program designed to serve hearing people and is provided access to that program via the services of interpreters. Most of the time an interpreter is not provided 24 hours a day - and often is provided on a very limited basis (sometimes only for groups, or only in the mornings, etc.). Absence of an interpreter precludes deaf and hearing impaired patients having equal access to staff assistance guidance as well as severely restricting their interactions with other patients (i.e. meal times, free time, etc.). This is a key part of the treatment process.

Our program differs in that all our staff are fluent in ASL and respectful of deaf culture. We provide all the professional services of any treatment program. In addition, we have a certified teacher of the hearing impaired, a communication specialist and several recovering deaf role models. To our knowledge no other program in the USA offers comparable services.

Some of the unique services we provide include:

1. All staff are fluent in American Sign Language. Their sign language skills are tested with specific requirements that must be met in order to work on the unit.

2. One third of our staff are deaf or hearing impaired.

3. Our patient to staff ratio varies depending on individual need and will not fall below 3:1.

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4. Our program has recovering deaf role models on staff.

5. All full time interpreters on the unit are R.I.D. certified.

6. Our program has a certified teacher of the deaf available to provide an educational component.

7. A thorough assessment of the individual's communication skills is conducted by the staff Communication Specialist, who is hearing impaired and fluent in American Sign Languge and English. The information obtained is used by staff to allow communication to be individualized and conveyed at each patient's level of understanding.

8. Psychological testing is completed and interpreted by a licensed psychologist who is fluent in American Sign Language, and knowledgeable about assessment tools specifically designed for individuals who are hearing impaired.

9. Our Medical Director has worked as a psychiatrist in the field of Chemical Dependency for many years. During that time he has worked with a number of hearing impaired clients.

10. A family program specifically designed for families with hearing impaired members is provided as a component of our program. Group therapy and lectures offer the participants both information and support. Families are invited, free of charge, to attend family week, which is both educational and therapeutic. Patients and family members participate in this week long program together.

11. Our chaplain is fluent in American Sign Language and has served 16 years in deaf ministry in Minnesota and Florida.

12. All materials used during treatment are modified in written English and are available on videotape in American Sign Language.

13. Our program can provide assistive listening devices for the hard of hearing patients who utilize this mode of communication.

14. Silent AA/NA groups are provided for all patients. In preparation for this aftercare, patients also attend hearing AA groups with an interpreter. The frustration of being the only individual who is hearing impaired in the group is processed upon return to the unit.

15. Care plans are individualized to meet each patient's needs. This includes communication, counseling approaches, written or videotaped materials, and an educational component.

16. Our program provides individulized aftercare on a case by case basis. The purpose of this aspect is to ease the transition between the concentrated primary treatment in a barrier free environment and the realities of the individual's daily life in his home community. Specific aftercare plans are developed and implemented according to the patient's targeted needs and are based on the patient's progress, family and social support systems, and resources available in the patient's home community. For those clients who need continued care in a residential setting, we have access to such a facility in the Twin Cities. Our staff provide ongoing support staff and interpreters, which makes this program accessible for our clients.

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PROPOSED EVALUATION, TREATMENT AND AFTERCARE PLAN

For: Client Name
Date of Birth:
Address:
Social Security Number:
Medicaid Number:

EVALUATION

1. Purpose:

   - To provide a complete assessment of client's present problems.
   - To determine the extent and impact of the drug abuse or addiction.
   - To provide a diagnosis or description of the primary and secondary conditions.
   - To provide appropriate referrals or recommendations.
   - To assess client's communication skills.
   - To motivate client to accept chemical dependency treatment if it is determined to be necessary.

2. Process:

   - The client's health needs are monitored by the attending physician and the nursing staff. A history and physical are arranged within 24 hours. Significant findings are incorporated into the treatment plan.
   - Psychological testing is completed and interpreted by a licensed psychologist who is fluent in sign language and deaf culture and is knowledgeable of assessment tools specifically designed for individuals who are hearing impaired. The counseling and communication staff collect the communication, social, developmental, behavioral and drug use history from the youth, parents, teachers and any other involved persons.
   - Through daily group and individual counseling and recreational therapy sessions, the staff receive clinical data which when combined with the test results and history, provide a diagnosis of the client's current condition.
   - The referral and recommendations are made by the treatment team.

The client's assessment process will include:

Communication: A thorough assessment of the individual's communication skills and style conducted by the staff Communication Specialist, who is fluent in American Sign Language and English, will be incorporated into the client's treatment plan. This assessment will ensure his/her ability to understand staff and the information they are sharing with him/her.

Psychological: Conducted by the staff's Deaf Psychologist in conjunction with our psychiatrist who has extensive experience working with hearing impaired individuals. Psychological instruments that are appropriate for hearing impaired individuals will be used.

Psychosocial: A thorough gathering of historical data in all major life areas will be used to determine individual needs for the treatment plan.

Chemical Use: The client's pattern and use of chemicals and related consequences will be assessed and the information will be used to individualize his/her treatment plan.

TREATMENT

Purpose:

- To provide the youth with assistance in gaining a realistic picture of his/her present situation, and an understanding of the effects of drug abuse and addiction.
- To provide a safe and structured environment in which the hearing impaired youth is able to begin improving his/her self image.
- To provide an individual treatment program based on an assessment of the client's present problems.
- To introduce the youth to the concepts and value of the Alcoholics Anonymous program and to instill in him/her the need for an ongoing 12 Step recovery program.
- To involve the family in the treatment process in such a way as to provide them with support and education, and to increase communication in the family and the youth's chance for continued recovery.
- To establish a discharge plan which will provide the necessary resources for the client to continue recovery.

Process:

- The Chemical Dependency Program for Hearing Impaired Youth is a highly structured and individualized program. The length of stay is based on the special needs of the client. The individualized care plan allows the client to progress at his/her own pace.
- Hearing impaired youth will be admitted whose primary problem is determined to be chemical dependency and who agree to participate in the treatment program.

- Clients meet daily with their counselors to evaluate their progress and discuss current problems. Nursing staff continue to monitor health needs and the entire treatment team reviews the client's progress on a weekly basis modifying the treatment plan as needed.
- The Family Program will be specifically designed for families with hearing impaired members and is an integral part of the entire treatment process. Families within commuting distance are scheduled one evening a week through the treatment program. Group therapy, lectures and the contact with other families and the staff offer the participants both information and support. All families are asked to attend Family Week. Certified interpreters are available to assist with this process.
- The client will be involved in a variety of treatment modalities: group therapy and individual counseling, lectures and individualized tutoring on the steps of Alcoholics Anonymous (AA) and other treatment issues, some reading and writing assignments, role playing, signed videotapes and captioned films, recreational therapy and school study sessions with a certified teacher of the hearing impaired.
- Pastoral care will be available to all clients.

TREATMENT SERVICES

Overview: All data gathered will be incorporated into a treatment plan that focuses primarily on the individual's chemical dependency. This will include therapeutic approaches that deal with problems identified during the assessment process related to abuse, grief, abandonment, interpersonal conflicts, and communication. All staff are fluent in sign language and will work with the client to better understand his/her problems, explore feelings and empower him/her to improve his/her decision making abilities and teach him/her communication skills necessary to recovery.

THERAPY

Individual Counseling: with any of the following staff: Senior Counselor, counselors, Drug Unit Assistance, Family Therapist, Occupational Therapist, Recreational Therapist, and Psychologist. Daily 1:1's with various staff members.

Group Counseling: will be facilitated by staff members with other hearing impaired chemically dependent youth present.

Family Counseling: The family week component is an important part of the treatment process. In the event that the client's family is unable to attend family week, contact will be made by our Family Therapist with other family members to assist with communication within the family and to inform family members of the client's progress through treatment.

Occupational Therapy: The client will be taught what it means to work in a group and the concept of confidentiality. The Occupational Therapist will use group activities to assist the client in identifying and expressing his/her feelings and by trying to teach sober behaviors through use of assertiveness skill training, interpersonal skills and relaxation techniques. A prevocational assessment will help the client identify his/her vocational interests. The client will identify skills that would be needed to obtain this job. Development of these skills will be emphasized. All of this will be related to the 12 Steps. A Life Skills curriculum has been incorporated into our program. It includes meal planning, check writing, public transportation and personal time management.

Recreational Therapy: Structured activities geared towards developing confidence, self-esteem, group concentration, social and communication skills, building peer relationships and developing chemically free leisure interests.

Lectures: The following topics for lectures are presented during the course of treatment: Family Relationships, Self-Esteem, Sexuality, Cons and Defenses, Spirituality, Nutrition, Health, Enabling, Anger, The 12 Steps, Deaf History and Heroes, Pros and Cons of Being Deaf, Deaf Culture Understanding, American Sign Language, Alcoholism and Deaf Culture, "How Society Views Us; How We View Ourselves," Breaking Through Isolation, Peer Pressure, STDs and AIDS, Coping and Stress, Healthy Fun, Healthy Boundaries, Grief Issues and Loss, Decision Making and Problem Solving, Values Clarification, CD: A Family Problem, Family Roles in a Dependent System, Alanon Family Recovery, Family Systems, Family Communication, Rape, Incest and Abuse, Developing Intimacy, Dealing with Family Conflict, Independence/Interdependence, Dynamics of having a Deaf Family Member, Self-Esteem: A Family Affair, Pharmacology, AA and Recovery, Guilt and Shame, Consequences and Privileges, Serenity Prayer, Assertiveness, One-to-One Communication, and Breaking Through Isolation.

12 Step Materials: The client will be given a number of assignments related to the 12 Steps of Alcoholics Anonymous that have been modified for hearing impaired persons. The client will be viewing educational captioned or signed tapes on drugs and alcohol. These assignments will allow him/her to develop a better understanding of alcohol/drug use and its consequences as it related to his/her life.

Education: While in our treatment program, the client will be receiving services from our certified teacher for the hearing impaired. The teacher will contact his/her home school regarding his/her individualized educational program (IEP) and we will design an educational plan to provide a continuation of the client's academic program and credit requirements. The teacher and communication specialist will work closely together. Academic credits will be transferred for work completed while in treatment, assuring continuation of the client's educational development.

Transition: There are no communication barriers on the unit and the focus will be on the client's recovery. All of the staff will sign. There will be recovering Deaf role models in a chemically free environment. When the client returns to his/her home town his/her environment will not be barrier free. The transition component will look at his/her community setting and examine the challenges s/he will face upon his/her return. Problem solving and assertiveness skills will be developed with peers and unit staff. When the client enters the program s/he will attend AA meetings outside of the hospital with a staff interpreter. The frustration of being the only individual who is hearing impaired in the group will be processed upon his/her return to the unit. Ways of reducing stress and healthy ways of dealing with frustration, while focusing on recovery, will be explored.

AFTERCARE

Purpose: To ease the transition between the concentrated primary treatment in a barrier free environment and the realities of the client's daily life in his/her home community.

Process: After the client has completed inpatient Chemical Dependency treatment and prior to his/her discharge, specific aftercare plans will be developed and implemented according to his/her targeted needs. It is based on his/her progress, family and social support systems and resources available in his/her

home community (school support groups, community AA and Narcotics Anonymous groups). We anticipate that it will involve counseling on a weekly basis utilizing the 12-Step approach, participating in interpreted AA meetings and receiving individual counseling. This is subject to change based on the client's needs when s/he completes his/her inpatient treatment program. If the client needs to live in a halfway house setting we have available an extended transitional care facility of 90 days for ages 16 and up. The facilities are accessible to hearing impaired patients and interpreters are available. Our staff work in conjunction with their staff providing the necessary transition information and ongoing consultation regarding the client's needs.